

Application Data Sheet**Application Information**

Application Type::	Reissue
Subject Matter::	Utility
Suggested Group Art Unit::	1743
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	APPARATUS FOR PERFORMING ASSAYS AT REACTION SITES
Attorney Docket Number::	B1102.70015US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Allyn
Family Name::	Hubbard
City of Residence::	Medfield
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	120 South Street
City of mailing address::	Medfield
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02502

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Samesh
Family Name:: Kale
City of Residence:: Burlington
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 1216 Arboretum Way
City of mailing address:: Burlington
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01803

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Scott
Middle Name:: A.
Family Name:: Rollins
City of Residence:: Oxford
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 104 Quaker Farms Road
City of mailing address:: Oxford
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06478

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeremy
Middle Name:: P.

Family Name:: Springhorn
City of Residence:: Guilford
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 122 Forest Brook
City of mailing address:: Guilford
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06437

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Stephen
Middle Name:: P.
Family Name:: Squinto
City of Residence:: Bethany
State or Province of Residence:: CT
Country of Residence:: US
Street of mailing address:: 16 Coachman's Lane
City of mailing address:: Bethany
State or Province of mailing address:: CT
Postal or Zip Code of mailing address:: 06524

Correspondence Information

Correspondence Customer Number:: 23628

Representative Information

Representative Customer Number:: 23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Reissue of	09/134141	08/14/98
09/134141	An application claiming the benefit under 35 USC 119(e)	60/055792	08/15/97

Foreign Priority Information**Assignee Information**

Assignee name:: BioProcessors Corp.
Street of mailing address:: 235 Montgomery Street
Suite 300
City of mailing address:: San Francisco
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94104